

**HAND
DELIVERED**

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B
For New Members, Candidates, and New Employees

Name: Hon. Michael Guest

Daytime Telephone: 202-225-5031

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>MS</u> District: <u>03</u>	<input checked="" type="checkbox"/> Check if Amendment
	Candidates - Date of Election: <u>Jun 5, 2018</u>		
	<input type="checkbox"/> New Officer or Employee Employing Office:	Staff Filer Type: (if Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, <u>2017</u> to <u>4/30/2018</u>

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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BLOCK A		BLOCK B													BLOCK C							BLOCK D														
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income														
SP, DC, JT	ASSET NAME	EFF	None	A \$1-\$1,000	B \$1,001-\$15,000	C \$15,001-\$50,000	D \$50,001-\$100,000	E \$100,001-\$250,000	F \$250,001-\$500,000	G \$500,001-\$1,000,000	H \$1,000,001-\$5,000,000	I \$5,000,001-\$25,000,000	J \$25,000,001-\$50,000,000	K Over \$50,000,000	L Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e.g., Partnership Income or Farm Income)	Amount of Income												
																								Current Year						Preceding Year						
				I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII										I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
SP	KINVALE (6053417E) - MISSISSIPPI DEV BK SP, OBLIG REV RPOC AGM BE OID 0968.833 2.8% CPN 2.500% DUE 09/01/28																																			
SP	KINVALE (6053417J) - MISSISSIPPI DEV BK OBLIG RPOC PEARL CANTY CLIG REV AGM BE OID 09/01/28 3.000% DUE 09/01/20																																			
SP	KINVALE (6053417K) - MISSISSIPPI DEV BK SP, OBLIG RPOC REV CANTY CLIG DIST 09/01/22																																			
SP	KINVALE (6053417L) - MISSISSIPPI DEV BK SP, OBLIG HTSBRG WAS RPOC CONSTR REV AGM OI09/01/27 CPN 4.375% DUE 12/01/21																																			
SP	KINVALE (6053417M) - MISSISSIPPI DEV BK BK SP, OBLIG REV GULFPORT SCH DIST 04/01/20																																			
SP	KINVALE (6053417N) - MISSISSIPPI DEV BK SP, OBLIG RPOC MAGEE CONSTR REV BE 07/01/20																																			
SP	KINVALE (6053417O) - MISSISSIPPI DEV BK SP, OBLIG REV BRANDON PUB IMPT BE OI09/01/22 3.4% CPN 3.250% DUE 11/01/20																																			
SP	KINVALE (6053417P) - MISSISSIPPI DEV BK SP, OBLIG REV BRANDON PUB IMPT BE OI09/01/22 3.5% CPN 3.500% DUE 11/01/24																																			
SP	KINVALE (6053417Q) - MISSISSIPPI DEV BK BK SP, OBLIG TUPALO MS PJ REV BE OID 09/01/28 3.05% CPN 2.000% DUE 11/01/21																																			
SP	KINVALE (6053417R) - MISSISSIPPI DEV BK BK SP, OBLIG TUPALO MS PJ REV BE OID 09/01/28 3.05% CPN 2.000% DUE 11/01/21																																			
SP	KINVALE (6053417T) - MISSISSIPPI DEV BK BK SP, OBLIG VICKSBURG MS PUB REV BE OID 09/01/28 3.4% CPN 3.625% DUE																																			

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SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples:	ABC Trade Association, Baltimore, MD (July 15)	\$0	\$500
	State of Maryland	\$20,000	\$76,000
	Civil War Roundtable (Oct. 2)	\$0	\$1,000
	Ontario County Board of Education	N/A	N/A
STATE OF MISSISSIPPI	SALARY	\$28,287	\$87,860
RANKIN COUNTY BOARD OF SUPERVISORS	SALARY	\$23,411	\$7,024
MS COURT COLLECTIONS	SALARY	\$800	\$2,400

SCHEDULE D -- LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/12	Mortgage on Rental Property Dover, DE				X							
	TRUSTMARK NATIONAL BANK	3/2012	MORTGAGE ON PERSONAL RESIDENCE				X							

SCHEDULE E – POSITIONS

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Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
BOARD MEMBER	MS CRIME STOPPERS ADVISORY COUNCIL - 2016 - 2018
BOARD MEMBER	THE BOARD ON LAW ENFORCEMENT OFFICER STANDARDS AND TRAINING - 2016 - 2018
BOARD MEMBER	CENTRAL MS CRIME STOPPERS - 2016 - 2018
PRESIDENT	RANKIN COUNTY EDUCATIONAL FOUNDATION-2016 - 2018
PRESIDENT-ELECT (PREVIOUSLY VICE-PRES)	MS PROSECUTORS ASSOCIATION - 2016 - 2018
PRINCIPAL/OWNER	GUEST LAW PLLC (BUSINESS IS INACTIVE) - 2016 - 2018

SCHEDULE F – AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	NONE	None

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000
PAID BY ONE SOURCE

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Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
NONE		

FILER NOTES
(Optional)

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NOTE NUMBER	NOTES
1	TRUST-KF - This trust has as multiple beneficiaries including the Congressman's wife and children.
2	KINV - This partnership has as multiple beneficiaries including the Congressman's wife and children.
3	None of the positions was compensated unless otherwise indicated in the disclosure.